

Adult Training and Education Survey

Part of the 2015 National Household Education Survey



Thank you for helping us with this survey. Based on the information we received from your household in your last survey, we're asking you to complete this final step.

Conducted by

UNITED STATES DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. Census Bureau




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Instructions

- ♦ **In response to the survey you answered earlier, we recorded that the person listed below is between the ages of 16 to 65, is not in high school, and lives in this household. If this information is not correct, please call us at the toll-free number below so we can be sure you received the correct survey.**
- ♦ **These questions should be filled out by:**

No one else in the household should fill out the survey.

- ♦ **You might be asked to skip questions that do not apply to you. Follow the arrows to answer the questions that apply to you. Please see the example below:**

<input type="checkbox"/> No		<div>GO TO question 12</div>
<input type="checkbox"/> Yes		

- ♦ **To answer a question, simply mark the box [X] that best represents your answer.**
- ♦ **Use a black or blue pen, if available, to complete this survey.**
- ♦ **Please return the completed survey using the postage-paid envelope provided.**
- ♦ **If you have any questions about this survey, please call us at our toll-free number: 1-888-xxx-xxxx.**

We are authorized to collect this information by U.S. Code, Title 20, Section 9543. You do not have to provide the information requested. However, the information you provide will help the Department of Education's ongoing efforts to learn more about the educational experiences of adults. There are no penalties should you choose not to participate in this study. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (U.S. Code, Title 20, Section 9573). Your responses will be combined with those from other participants to produce summary statistics and reports.

Depending on your background, this survey is estimated to take 10 to 20 minutes, including time for reviewing instructions and completing the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Lisa Hudson, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650. Do not return the completed form to this address.

Level of Education

1. What is the highest degree or level of school you have completed? (Mark one.)

- ☐ Elementary or high school, but no high school diploma or GED®
- ☐ High school diploma
- ☐ GED® or alternative high school credential
- ☐ Some college credit but less than one year of college credit
- ☐ 1 or more years of college credit, no degree
- ☐ Associate's degree (for example, AA, AS)
- ☐ Bachelor's degree (for example, BA, BS)
- ☐ Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA)
- ☐ Professional degree beyond a bachelor's degree (for example, MD, DDS, DVM, LLB, JD)
- ☐ Doctorate degree (for example, PhD, EdD)

2. What was the major or field of study for your highest degree or level of education? (Mark one.)

If there was more than one, please choose the one you consider most important.

- ☐ General studies, no major, undeclared major
- ☐ Accounting, finance, insurance, real estate
- ☐ Administrative support
- ☐ Arts, music, design
- ☐ Audio, broadcasting, multimedia, or graphics technologies
- ☐ Business management, marketing
- ☐ Communications, journalism
- ☐ Computer science, information technology
- ☐ Construction, repair, manufacturing, transportation
- ☐ Education
- ☐ Engineering, architecture
- ☐ English language, literature
- ☐ Family or consumer science
- ☐ Healthcare, nursing, medicine
- ☐ Law enforcement, security, firefighting
- ☐ Law, legal studies
- ☐ Liberal arts
- ☐ Political science, economics, history, other social sciences
- ☐ Psychology
- ☐ Religious vocations, theology
- ☐ Sciences (biological or physical), mathematics
- ☐ Social or human services, public administration
- ☐ Other (specify) 

Certifications and Licenses

3. Do you have a currently active professional certification or a state or industry license? Do **not** include business licenses, such as a liquor license or vending license.

A professional certification or license shows you are qualified to perform a specific job and includes things like Licensed Realtor, Certified Medical Assistant, Certified Teacher, or an IT certification.

- ☐ No
☐ Yes

GO TO question 5

4. If yes, how many certifications and licenses do you have?

If you had to get a certification in order to get a license, count each certification and license separately.

Number of certifications and licenses

CONTINUE on the next page.

Certificates

5. People sometimes earn certificates for completing an education or training program. A certificate is different from a certification or license. Do **NOT** include certifications/licenses here; include them in the previous section only. Have you ever earned any of the following types of certificates?

a. A certificate for completing a training program from an employer, employment agency, union, software or equipment manufacturer, or other training provider, but **NOT** from a school.

- ☐ No
- ☐ Yes

b. A certificate for completing a vocational program at a high school.

- ☐ No
- ☐ Yes

c. A high school equivalency certificate, such as a GED®.

- ☐ No
- ☐ Yes

d. A certificate—rather than a degree—for completing a program at a community or technical college, or other school after high school. Do not include teaching certificates or college degrees.

- ☐ No  **GO TO question 8**
- ☐ Yes



6. If yes, in the rest of this section we will refer to the certificates described in question 5d as “post-secondary certificates.” Where did you get your **last** post-secondary certificate? (Mark one.)

- ☐ A community college
- ☐ A vocational, technical, trade, or business school
- ☐ Another college or university
- ☐ Someplace else
Specify: _____

If you do NOT have a post-secondary certificate, go to question 8.


7. About how many hours of instruction did you complete in order to earn your last post-secondary certificate? (Mark one.)

- ☐ 480 or more hours (12 or more full-time weeks)
- ☐ 160 to 479 hours (4 full-time weeks to less than 12 full-time weeks)
- ☐ 40-159 hours (1 full-time week to less than 4 full-time weeks)
- ☐ Less than 40 hours (less than 1 full-time week)

Work Experience Programs

8. People sometimes prepare to enter a trade or profession through a program that combines work experience with education or formal training. Have you ever **COMPLETED** one of these types of work experience programs—an internship, student teaching, co-op, practicum, clerkship, externship, residency, clinical experience, or apprenticeship?

☐ No  **GO TO question 18**

 ☐ Yes

If you did **NOT** complete any of the types of work experience programs listed above, go to question 18. If you **DID** complete a program, answer the rest of this section about the last work experience program you completed.

9. If yes, how long was your last work experience program? (Mark one.)

- ☐ Less than 3 months
- ☐ 3 months to less than 6 months
- ☐ 6 months to less than 1 year
- ☐ 1 year to less than 2 years
- ☐ 2 years to less than 3 years
- ☐ 3 years or more

10. What wage did you earn as part of your last work experience program? (Mark one.)

- ☐ No wage
- ☐ A training wage that was lower than the wage of a fully qualified worker
- ☐ The same wage as a fully qualified worker

11. During your last work experience program, did you do any of the following? (Mark **ONE** box in each row below.)

	No ▼	Yes ▼
a. Took classes from a college, technical school, or trade school	<input type="checkbox"/>	<input type="checkbox"/>
b. Took classes or training from a company, association, union, or private instructor	<input type="checkbox"/>	<input type="checkbox"/>
c. Studied on my own using textbooks or on-line resources	<input type="checkbox"/>	<input type="checkbox"/>
d. Got instruction from a mentor or coworker at my worksite	<input type="checkbox"/>	<input type="checkbox"/>
e. Got evaluated by a mentor or supervisor	<input type="checkbox"/>	<input type="checkbox"/>

12. Did you take your last work experience program as part of a school's education or training program? (Mark one.)

- ☐ No
- ☐ Yes, as part of a high school program
- ☐ Yes, as part of a post-secondary certificate program from a community college, technical college, or other school after high school
- ☐ Yes, as part of an associate's degree program
- ☐ Yes, as part of a bachelor's degree program
- ☐ Yes, as part of an advanced degree program

13. Do any of the following statements describe your last work experience program? (Mark ONE box in each row below.)

	No ▼	Yes ▼
b. I got college credit for it.	<input type="checkbox"/>	<input type="checkbox"/>
a. It did or will help me earn a certification or license.	<input type="checkbox"/>	<input type="checkbox"/>
c. I received journeyman status at the end of an apprenticeship.	<input type="checkbox"/>	<input type="checkbox"/>
d. I got a state or federal apprenticeship registration number.	<input type="checkbox"/>	<input type="checkbox"/>

14. What type of work was your last work experience program for? (Mark one.)

Building or construction trades

- ☐ Carpenter
- ☐ Electrician
- ☐ Plumber, pipefitter
- ☐ Sheet metal worker, structural-steel worker
- ☐ Other building and construction trades

Health care, nursing, medicine

- ☐ Medical doctor
- ☐ Nursing
- ☐ Other healthcare
- ☐ Accounting, finance, insurance, real estate
- ☐ Chef, cook, food preparation
- ☐ Computer networking, programming
- ☐ Cosmetology, barbering
- ☐ Driving, piloting, or other transport
- ☐ Engineering, architecture
- ☐ Funeral/mortuary services
- ☐ Legal practice
- ☐ Machinist, tool and die maker
- ☐ Management
- ☐ Mechanic or repair work
- ☐ Printing
- ☐ Public safety or security, corrections
- ☐ Social work, counseling, religious vocations
- ☐ Teaching
- ☐ Utility or telecommunications technician
- ☐ Other (specify) ▼

15. Are you currently working in a job related to your last work experience program?

- ☐ No
- ☐ Yes

16. In your current job, how often do you use the skills or knowledge that you learned during your last work experience program?

If you are not employed, please answer "Never or almost never".

- ☐ Never or almost never
- ☐ Sometimes
- ☐ All or most of the time

17. How useful was your last work experience program for each of the following?

a. Getting a job (Mark one.)

- ☐ Not useful
- ☐ Somewhat useful
- ☐ Very useful
- ☐ Too soon to tell

b. Increasing your pay (Mark one.)

- ☐ Not useful
- ☐ Somewhat useful
- ☐ Very useful
- ☐ Too soon to tell

c. Improving your work skills (Mark one.)

- ☐ Not useful
- ☐ Somewhat useful
- ☐ Very useful
- ☐ Too soon to tell

College and Other Classes

18. Since leaving high school, have you taken any of the following types of classes?

a. Classes to learn English as a second language, sometimes called ESL classes.

- ☐ No
- ☐ Yes

b. Literacy classes to help improve my reading. Do not include college classes.

- ☐ No
- ☐ Yes

c. Classes to earn a high school equivalency (such as the GED®).

- ☐ No
- ☐ Yes

19. How many college classes have you taken in the past 12 months, including for-credit and non-credit classes?

- ☐ None → **GO TO question 27**

- ☐ One
- ☐ Two
- ☐ Three or more

CONTINUE with question 20.

20. If one or more, did you take these classes as part of a degree program, or to transfer to a degree program?

- ☐ No
- ☐ Yes, as part of a degree program
- ☐ Yes, to transfer to a degree program

21. Among all the college classes you have taken in the past 12 months, how many were not for college credit (that is, non-credit)?

- ☐ Don't know } **GO TO question 27**
- ☐ None }
- ☐ One }
- ☐ Two }
- ☐ Three or more }

Go to question 27 if you do not know how many college classes you took, or if you did not take any in the last 12 months.

If you took more than one non-credit class during the same time period, please answer the following questions for the class you took earlier in the week or if on the same day, earlier in the day.

The rest of this section asks about the last non-credit class you took.

22. What was the primary subject or field of study for your last non-credit class?

23. Did you take your last non-credit class for any of the following reasons? (Mark ONE box in each row below.)

	No ▼	Yes ▼
a. To prepare for or to consider further education	<input type="checkbox"/>	<input type="checkbox"/>
b. For personal interest	<input type="checkbox"/>	<input type="checkbox"/>
c. To earn or renew a professional certification or license	<input type="checkbox"/>	<input type="checkbox"/>
d. For my current job	<input type="checkbox"/>	<input type="checkbox"/>
e. For a future job	<input type="checkbox"/>	<input type="checkbox"/>

24. How useful was your last non-credit class for each of the following?

a. Increasing your pay (Mark one.)

- ☐ Not useful
- ☐ Somewhat useful
- ☐ Very useful
- ☐ Too soon to tell

b. Keeping you marketable to employers or clients (Mark one.)

- ☐ Not useful
- ☐ Somewhat useful
- ☐ Very useful
- ☐ Too soon to tell

c. Improving your work skills (Mark one.)

- ☐ Not useful
- ☐ Somewhat useful
- ☐ Very useful
- ☐ Too soon to tell

25. Was your last non-credit class required by your employer?

If you were self-employed or not employed when you took the class, answer "does not apply."

- ☐ No
- ☐ Yes
- ☐ Does not apply

26. Did your employer pay for your last non-credit class? Include reimbursements from your employer. (Mark one.)

If you were self-employed or not employed when you took the class, answer "does not apply."

- ☐ No
- ☐ Yes, partly
- ☐ Yes, completely
- ☐ Does not apply

Training for Work

27. People often participate in courses, training, or other instruction for work.

These trainings can include classes, seminars, workshops, or on-line instruction. They can be taken at the workplace or somewhere else, and can include topics such as:

- *Job safety, security, sexual harassment, ethics, or other regulations,*
- *Equipment use,*
- *Communication, sensitivity, or team-building,*
- *Computer or technical skills,*
- *Management skills, and*
- *Other job skills.*

Have you completed any work-related training in the past 12 months?

☐ No



GO TO question 31

☐ Yes



28. If yes, how many work-related trainings have you completed in the past 12 months?

Count multiple sessions of the same training as one training.

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Number of trainings

If none, go to question 31. If one or more, continue on page 14.

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29. Answer questions 29a – 29f in the following grid for each work-related training you have completed in the past 12 months.

If you had more than three, answer for the last three you had.

	Training #1	Training #2	Training #3
29a. What was the topic or title of this training?			
29b. Using Table A on the next page, which category best fits this training?	<input type="text"/> Number from Table A	<input type="text"/> Number from Table A	<input type="text"/> Number from Table A
29c. In total, how many hours did this training take? Round to the nearest hour. Count less than 1 hour as 1 hour.	<input type="text"/> <input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> <input type="text"/> Hours	<input type="text"/> <input type="text"/> <input type="text"/> Hours
29d. Was this training for your current job? (Mark one.) <i>If you are not employed, answer "No".</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required	<input type="checkbox"/> No <input type="checkbox"/> Yes, and it was required <input type="checkbox"/> Yes, but it was not required
29e. Did you take this training to earn or renew a professional certification or license?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
29f. How useful was this training for improving your work skills? (Mark one.)	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Too soon to tell	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Too soon to tell	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Too soon to tell

TABLE A. TRAINING CATEGORIES FOR QUESTION 29b

- | | |
|--|---|
| <p>1 Compliance training: Provides information on company, professional, or government policies and regulations concerning legal and ethical issues.</p> <p>2 Safety training: Provides information on workplace safety, including safety procedures and processes.</p> <p>3 Communication or team training: Includes training to improve communication in the workplace or how to work in teams or groups.</p> | <p>4 Supervisory/management training: Includes training in supervising employees and in implementing employment practices, regulations, and policies related to personnel or budget management.</p> <p>5 Job skills training: Includes all other training to develop the professional or technical skills needed to do your work, such as sales and customer relations training, use of computer applications, and other skills that you use on your job.</p> |
|--|---|

30. How much do each of the following factors motivate you to take work-related training?

a. Your employer's requirements. (Mark one.)

- ☐ Not at all
- ☐ Somewhat
- ☐ A great deal

b. Certification or licensing requirements. (Mark one.)

- ☐ Not at all
- ☐ Somewhat
- ☐ A great deal

c. Your desire to get a job. (Mark one.)

- ☐ Not at all
- ☐ Somewhat
- ☐ A great deal

d. Your desire to move up in your career. (Mark one.)

- ☐ Not at all
- ☐ Somewhat
- ☐ A great deal

e. Your desire to increase your pay. (Mark one.)

- ☐ Not at all
- ☐ Somewhat
- ☐ A great deal

CONTINUE on the next page

Employment

31. Last week, were you employed for pay at a job or business?

If you were temporarily absent from a job or business (on vacation, temporarily ill, on maternity leave, etc.), answer "Yes".

☐ No → **GO TO question 37**

☐ Yes

32. If yes, for the job or business you were in last week, were you a member of a labor union or of an employee association similar to a union (for example, AFL-CIO, Change to Win Federation, NEA)?

☐ No

☐ Yes

33. Last week, how many jobs did you have?

Number of jobs

34. Last week, did you work at a full-time job (a job where you work 35 hours or more per week)?

☐ No

☐ Yes

35. Last week, did you work at a part-time job (a job where you work fewer than 35 hours per week)?

☐ No → **GO TO question 41**

☐ Yes

36. If yes, would you have preferred to work at a full-time job?

☐ No } **GO TO question 41**

☐ Yes }

37. Last week, were you on layoff from a job?

☐ No

☐ Yes

38. During the last 4 weeks, have you been actively looking for work?

☐ No

☐ Yes → **GO TO question 40**

39. If no, do you intend to look for work within the next 5 years?

☐ No

☐ Yes

☐ Don't know

40. When did you last work, even for a few days? (Mark one.)

☐ Never worked for pay → **GO TO question 55**

☐ Over 12 months ago → **GO TO question 43**

☐ Within the past 12 months

41. During the past 12 months (52 weeks), how many weeks did you work, including paid vacation, paid sick leave, and military service? (Mark one.)

☐ 50 to 52 weeks

☐ 48 to 49 weeks

☐ 40 to 47 weeks

☐ 27 to 39 weeks

☐ 14 to 26 weeks

☐ 13 weeks or less

42. During the past 12 months, in the weeks you worked, how many hours did you usually work each WEEK?

Usual hours worked each WEEK

43. In your current or last job, which one of the following were you? (Mark one.)

If you had more than one job, describe the one at which you worked the most hours. If you had no job or business last week, give information for your last job or business.

- ☐ An employee of a private (for-profit or not-for-profit) company or business, or of an individual, for wages, salary, or commission
- ☐ A local (city, county, etc.), state, or federal government employee
- ☐ Self-employed in own business, professional practice, or farm
- ☐ Working without pay in family business or farm

44. For whom did you work?

- ☐ *If now on active duty in the Armed Forces, mark (X) this box and print the branch of the Armed Forces below. All others, enter name of company, business, or other employer below.*

Name of company, business, or other employer:

45. What kind of business or industry was this?

(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

46. What kind of work were you doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

47. What were your most important activities or duties?

(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

48. Did you have a license that was required by a federal, state, or local government agency to do this job?

- ☐ No
- ☐ Yes

49. Which category best fits your earnings from wages, salary, commissions, bonuses or tips, from your current or last job over the past 12 months? (Mark one.)

Report amount before deductions for taxes, bonds, dues, or other items.

- ☐ \$0 to \$10,000
- ☐ \$10,001 to \$20,000
- ☐ \$20,001 to \$30,000
- ☐ \$30,001 to \$40,000
- ☐ \$40,001 to \$50,000
- ☐ \$50,001 to \$60,000
- ☐ \$60,001 to \$75,000
- ☐ \$75,001 to \$150,000
- ☐ \$150,001 or more

50. What kind of position did you hold? (Mark one.)

☐ Permanent



GO TO question 52

☐ Temporary



51. Would you have preferred to work at a permanent job?

☐ No

☐ Yes

52. How many people worked for your employer? Count employees at all locations. (Mark one.)

If you were self-employed, how many people worked for you, including yourself?

☐ 1—49 people

☐ 50—499 people

☐ 500—999 people

☐ 1,000 or more people

53. How supportive was your employer of your training needs? (Mark one.)

☐ Not at all supportive

☐ Somewhat supportive

☐ Very supportive

☐ Not applicable

54. When you started your current or last job, did it have a clear training path laid out, or did you need to figure out on your own what training you needed? (Mark one.)

☐ A clear training path was laid out

☐ Some parts of the training path were clear

☐ I needed to figure it out on my own

☐ There was no training path

Background

55. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? (Mark one.)

☐ No, never served in the military



GO TO question 57

☐ Yes, but only on active duty for training in the Reserve or National Guard

☐ Yes, on active duty now or in past

56. Have you served on active duty since September 2001?

☐ No

☐ Yes

57. Are you male or female?

☐ Male

☐ Female

58. What is your current marital status? (Mark one.)

☐ Now Married



GO TO question 61

☐ Widowed

☐ Divorced

☐ Separated

☐ Never married

59. Are you currently living with a boyfriend/girlfriend or partner?

☐ No

☐ Yes

60. Are you currently in a registered domestic partnership or civil union?

☐ No


☐ Yes

61. Do you speak a language other than English at home?

☐ No



GO TO question 63

 ☐ Yes

62. How well do you speak English? (Mark one.)

☐ Very well

☐ Well

☐ Not well

☐ Not at all

63. How old are you?

years old

64. Are you of Hispanic or Latino origin?

☐ No

☐ Yes

65. What is your race? Choose one or more.

☐ White

☐ Black or African American

☐ Asian

☐ American Indian or Alaska Native

☐ Native Hawaiian or other Pacific Islander

Thank You.

Please return this questionnaire in the postage-paid envelope provided. If you have lost the envelope, mail the completed questionnaire to:

**National Household Education Survey
[RETURN ADDRESS HERE]**

Commonly Asked Questions

Q: How was my household chosen?

A: Your address was randomly selected from among all of the home addresses in the nation. It was selected using scientific sampling methods to represent other U.S. households. The sample was designed so that surveys of only a few thousand people will accurately describe the educational experiences of almost all Americans.

Q: Why should I participate? Do I have to do this?

A: Your answers are very important to the success of this study. You represent thousands of other adults like yourself, and you cannot be replaced. This survey is voluntary. You may choose not to answer any or all questions in this survey, but in order for the survey to be representative, it is important that you complete and return it. Those who do not return the survey will not be represented in statistics used by policymakers and researchers. There are no penalties should you choose not to participate in the study.

Q: Will the information I provide be kept confidential? Will my privacy be protected?

A: Yes. Your responses will be combined with those from other adults to produce statistical summaries about education and training in the United States. Your individual data will not be reported. Your answers may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose except as required by law (20 USC § 9573).

Q: How will my response help the Federal Government?

A: The U.S. Departments of Education and Labor want to understand how adults acquire and maintain the skills they need for work. This survey is the only way these Departments can learn about the education and training that adults receive from schools, employers, and other training sponsors. The survey will allow policymakers and researchers to better understand the demand for education and training programs, and can help direct national policy in these areas. Your responses will be combined with those from other households to inform educators, policy makers, and schools about how adults in the U.S. learn the skills needed for work.

Q: Who is sponsoring this study?

A: The National Center for Education Statistics (NCES), within the U.S. Department of Education, is authorized to conduct this study (20 USC § 9543). The U.S. Census Bureau is conducting this survey on behalf of NCES. This study has been approved by the Office of Management and Budget (OMB), the office that reviews all federally sponsored surveys. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB approval number assigned to this study is 1850-0803. You may send any comments about this survey, including its length, to the Federal Government. Write to: Lisa Hudson, National Center for Education Statistics, U.S. Department of Education, 1990 K Street NW, Washington, DC 20006-5650.

Q: What if I have other questions?

A: If you have any questions about the study, you may send e-mail to xxxx@census.gov or you may call the Census Bureau toll-free at 1-800-xxx-xxxx